WORLD HEALTH ORGANIZATION | **ORGANISATION MONDIALE DE LA SANTE**

REGIONAL OFFICE FOR THE WESTERN PACIFIC
BUREAU REGIONAL DU PACIFIQUE OCCIDENTAL

REGIONAL COMMITTEE WPR/RC56/12

Fifty-sixth session 11 July 2005
Noumea, New Caledonia
19-23 September 2005 ORIGINAL: ENGLISH

Provisional agenda item 16

FOLLOW-UP REPORT ON THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

Tobacco use is the world's leading cause of preventable death, responsible for almost 5 million deaths a year, mostly in poor countries and poor populations.[1] Each day, in the Western Pacific Region alone, 3000 people die prematurely from tobacco-use related diseases.

Rapid and encouraging progress has been made on tobacco control in the Western Pacific, and work has intensified since the fifty-fifth session of the Regional Committee. The WHO Framework Convention on Tobacco Control (the Convention), which was approved by the Fifty-sixth World Health Assembly in May 2003,[2] became international law in February 2005, and has now been ratified by the majority of Western Pacific Member States. Also during this period, some countries significantly decreased tobacco use, and many have strengthened or enacted new, evidence-based tobacco control legislation. In addition, the Regional Action Plan for the Tobacco Free Initiative, 2005-2009, endorsed by the Regional Committee at the fifty-fifth session, has focused resources on critical capacity building and technical assistance, laying the foundation for meaningful implementation of the Convention and its protocols. A follow-up report is provided, and the Regional Committee is asked to note the report and is urged to continue to make rapid progress on ratification and implementation of the Convention, and efforts to sustain tobacco control measures.

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1 *The World Health Report 2003*. Geneva, WHO, 2003.

2 Resolution WHA56.1.

1. BACKGROUND

The WHO Framework Convention on Tobacco Control (the Convention), the world's first tobacco control treaty, encourages and requires Member States and organizations to implement cost-effective tobacco control strategies such as bans on tobacco advertising, increasing tobacco taxes and prices, and implementing comprehensive smoke-free policies. In the Western Pacific, the Regional Committee, at its fifty-fifth session in September 2004, urged Member States to ratify, accept or approve the Convention, to implement tobacco control measures beyond those required by the Convention and its protocols, and to use the Convention and the Regional Action Plan for the Tobacco Free Initiative, 2005-2009, Western Pacific, to guide national tobacco control policies and programmes. The Regional Committee also urged Member States to take on actions consistent with the strategies detailed in the regional action plan, such as addressing the impact of tobacco on poverty and inequity, strengthening tobacco control leadership, infrastructure and resources, integrating tobacco control with other health programmes, and developing sustainable, multisectoral partnerships.

2. ISSUES

The global tobacco epidemic continues to take a terrifying toll. If nothing is done, tobacco-use related deaths in the Western Pacific alone will double by the year 2030 to 2 million each year and 6000 each day. There are formidable challenges in the Western Pacific: this Region has the greatest number of smokers, the highest rate of male smoking prevalence, and the fastest increase of tobacco use uptake by women and young people. In addition, millions of non-smoking adults and children in this Region are exposed to second-hand smoke.

In response to these challenges, Western Pacific Member States and WHO have made rapid progress to control tobacco use since the fifty-fifth session of the Regional Committee. For example, the Convention was ratified on 30 November 2004 by the required 40 countries, and became binding international law on 27 February 2005. All Member States in the Western Pacific Region signed the

Convention—the only WHO Region to reach the 100% mark—and as of 28 June 2005, 18 had ratified it, representing nearly 25% of all ratifiers.[3]

Many Member States of the Western Pacific Region have gone well beyond ratifying the Convention and are making excellent progress to decrease smoking prevalence and substantially strengthen or implement new, evidence-based tobacco control legislation. For example, in the Republic of Korea, adult male smoking prevalence has decreased from 58% to 53%, and teenage male smoking has dropped from 22% to 16% in less than a year most likely due to large tax increases, other controls and effective communication campaigns. There have also been significant decreases in youth smoking in the Philippines and male smoking in Japan, again likely due to implementation of effective tobacco control measures at national and local levels, and the awareness created through these measures. Hong Kong (China), New Zealand and Singapore also continue to model effective programmes and make gains in controlling tobacco use. Others are now intensely reviewing national legislation and programmes to determine what is needed to meet the requirements of the Convention.

WHO continues to provide support and technical assistance to countries for the Convention. For example, a joint workshop was conducted with SEARO to raise Convention awareness and build tobacco control capacity, technical assistance was provided to countries through consultants and staff visits, and review and analysis of existing legislation.[4] WHO has also conducted and supported several workshops aimed at raising awareness on other key tobacco control issues and building country-level expertise, such as a consultation for ASEAN countries, conducted by the Malaysian Ministry of Health, to discuss tobacco and trade-related issues, and provided extensive technical assistance to enable countries for national legislation and policy, inter-ministerial tobacco control committees.[5]

In collaboration with WPRO's Health Promotion and Health Systems Development units, the TFI unit further developed and promoted the evidence-based rationale for the introduction of

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[3] Australia, Brunei Darussalam, Cook Islands, the Federated States of Micronesia, Fiji, Japan, the Marshall Islands, Mongolia, Nauru, New Zealand, Niue, Palau, the Philippines, the Republic of Korea, Singapore, Solomon Islands, Tonga, and Viet Nam.

[4] WHO FCTC technical assistance was provided to Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Kiribati, the Lao People's Democratic Republic, the Marshall Islands, the Federated States of Micronesia, Papua New Guinea, Samoa, Tuvalu and Viet Nam.

[5] Cambodia, China, Fiji, French Polynesia, the Lao People's Democratic Republic, Malaysia, New Caledonia, Niue, Papua New Guinea, the Philippines, Samoa, and Viet Nam

increased taxes on tobacco products to reduce consumption and fund national health promotion efforts, and provided country level support.[6]

Studies and other work looking at the relationship between poverty and tobacco use, with specific reference to the Millennium Development Goals were supported. This included a regional literature review on the issue, a study initiated in the Philippines, and a meta-analysis of existing surveys such as the WHO STEPwise approach to noncommunicable disease surveillance (STEPS), from a poverty and equity perspective. In collaboration with the Centers for Disease Control and Prevention, United States of America (CDC), a Global Youth Tobacco Survey (GYTS) training and analysis workshop was conducted in October 2004 and August 2005. To date, 16 countries have completed their first GYTS and three countries have repeated the survey.[7] Collaboration with the Noncommunicable Diseases and Mental Health focus in utilizing STEPS to collect adult tobacco consumption data is ongoing. Activities to advance research on the use of betel nut and tobacco leaf, a practice that is prevalent among Pacific island countries and areas, is also being explored.

To help prepare Member States to effectively implement the Convention, subregional workshops are being planned for the 4th quarter of 2005 focused on strengthening tobacco control capacity networks and information exchange, and facilitating donor and partner collaboration in the Region. This should also facilitate the first meeting of the Conference of Parties in February 2006, when issues on compliance and monitoring, funding of activities, arrangements for the Permanent Secretariat, and the negotiation of subsequent Convention protocols may be discussed and determined.

3. ACTIONS PROPOSED

Member States are asked to make progress on strategies and action detailed in the regional action plan for the Tobacco Free Initiative, 2005-2009, and to continue to make progress to ratify, accept or approve the Convention, at the earliest opportunity, if they have not already done so.

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[6] For example, support was provided for implementation of Malaysian Health Promotion Foundation, funded by a dedicated tobacco and alcohol taxes.

[7] Six new countries, the Marshall Islands, Papua New Guinea, the Republic of Korea, Samoa, Tonga and Tuvalu, participated in the GYTS workshop. China, Fiji, and the Philippines have completed or are in the process of repeating the GYTS.

If possible, Member States should ratify not later than 1 November 2005 so as to ensure their participation, as a Party, in the first session of the Conference of Parties tentatively scheduled for February 2006. Further, Member States are asked to maintain commitments made at the Fifty-fifth session, including implementing tobacco control measures consistent and beyond those required by the Convention, using the Convention and the action plan to guide national tobacco control policies, addressing the impact of tobacco on poverty and inequity, continue developing, strengthening, integrating and sustaining tobacco control programmes, partnerships, leadership, infrastructure and resources.

The Regional Committee is asked to note this report.